

Attorney or Party Name, Address, Phone & Fax Nos., State Bar No. & Email  <b>NEXUS BANKRUPTCY</b> Benjamin Heston (297798) 100 Bayview Circle #100 Newport Beach, CA 92660 Tel: 951.290.2827 Fax: 949.288.2054 ben@nexusbk.com  <input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	FOR COURT USE ONLY
<b>United States Bankruptcy Court Central District of California - Santa Ana Division</b>	
In re: Usmaan Mela	CASE NO.: 8:22-bk-12033-TA CHAPTER: Chapter 7
	<b>DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE</b>  [11 U.S.C. § 521(a)(1)(B)(iv)]
Debtor(s).	[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

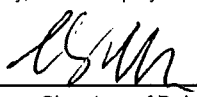
1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 12/14/2022

Usmaan Mela  
Printed name of Debtor 1

  
Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ I was not paid by an employer because I was either self-employed only, or not employed.

Date: \_\_\_\_\_

Printed name of Debtor 2

Signature of Debtor 2

USMAAN A MELA  
3 BROADLEAF  
IRVINE CA 92612

NON-NEGOTIABLE

NON-NEGOTIABLE

PERSONAL AND CHECK INFORMATION  
Usmaan A Mela  
3 BROADLEAF  
IRVINE, CA 92612  
**Soc Sec #:** xxx-xx-xxxx **Employee ID:** 342

**Home Department:** 3 TECHNICAL

**Pay Period:** 09/21/22 to 10/04/22  
**Check Date:** 10/07/22 **Check #:** 206

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 772	0.00	4316.02
Chkg 394	3914.65	11626.72
<b>NET PAY</b>	<b>3914.65</b>	<b>15942.74</b>

TIME OFF (Based on Policy Year)

DESCRIPTION	AVAIL BAL
Sick	16.00 hrs
DESCRIPTION	AVAIL BAL
Vacation	0.00 hrs

EARNINGS	BASIS OF DESCRIPTION PAY	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Salary		5769.23	16.00	23653.88
	Holiday			M8.00	
	Sick			M16.00	
	<b>Total Hours</b>			40.00	
	<b>Gross Earnings</b>		5769.23		23653.88
	<b>Total Hrs Worked</b>				

WITHHOLDIN	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
GS	Social Security		357.69	1466.54
	Medicare		83.65	342.98
	Fed Income Tax	H	910.77	3885.39
	CA Income Tax	SMI2 0 1	439.01	1756.04
	CA Disability		63.46	260.19
	<b>TOTAL</b>		1854.58	7711.14

NET PAY

THIS PERIOD (\$)  
**3914.65**

YTD (\$)  
**15942.74**

NON-NEGOTIABLE

NON-NEGOTIABLE

USMAAN A MELA  
3 BROADLEAF  
IRVINE CA 92612

PERSONAL AND CHECK INFORMATION  
Usmaan A Mela  
3 BROADLEAF  
IRVINE, CA 92612  
**Soc Sec #:** xxx-xx-xxxx **Employee ID:** 342

**Home Department:** 3 TECHNICAL

**Pay Period:** 10/05/22 to 10/18/22  
**Check Date:** 10/21/22 **Check #:** 240

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 772	0.00	4316.02
Chkg 394	3914.64	15541.36
<b>NET PAY</b>	<b>3914.64</b>	<b>19857.38</b>

TIME OFF (Based on Policy Year)

DESCRIPTION	AVAIL BAL
Sick	16.00 hrs
DESCRIPTION	AVAIL BAL
Vacation	18.46 hrs

EARNINGS	BASIS OF PAY	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
		Salary		5769.23	16.00	29423.11
		Holiday			M8.00	
		Sick			M16.00	
		<b>Total Hours</b>			40.00	
		<b>Gross Earnings</b>		5769.23		29423.11
		<b>Total Hrs Worked</b>				

WITHHOLDIN	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
GS	Social Security		357.69	1824.23
	Medicare		83.66	426.64
	Fed Income Tax	H	910.77	4796.16
	CA Income Tax	SMI2 0 1	439.01	2195.05
	CA Disability		63.46	323.65
	<b>TOTAL</b>		1854.59	9565.73

NET PAY

THIS PERIOD (\$)  
**3914.64**

YTD (\$)  
**19857.38**

NON-NEGOTIABLE

NON-NEGOTIABLE

PERSONAL AND CHECK INFORMATION  
Usmaan A Mela  
3 BROADLEAF  
IRVINE, CA 92612  
**Soc Sec #:** xxx-xx-xxxx **Employee ID:** 342

**Home Department:** 3 TECHNICAL

**Pay Period:** 10/19/22 to 11/01/22  
**Check Date:** 11/04/22 **Check #:** 274

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 772	0.00	4316.02
Chkg 394	3914.64	19456.00
<b>NET PAY</b>	<b>3914.64</b>	<b>23772.02</b>

TIME OFF (Based on Policy Year)

DESCRIPTION	AVAIL BAL
Sick	16.00 hrs
DESCRIPTION	AVAIL BAL
Vacation	21.54 hrs

EARNINGS	BASIS OF PAY	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
		Salary		5769.23	16.00	35192.34
		Holiday			M8.00	
		Sick			M16.00	
		<b>Total Hours</b>			40.00	
		<b>Gross Earnings</b>		5769.23		35192.34
		<b>Total Hrs Worked</b>				

WITHHOLDIN	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
GS	Social Security		357.70	2181.93
	Medicare		83.65	510.29
	Fed Income Tax	H	910.77	5706.93
	CA Income Tax	SMI2 0 1	439.01	2634.06
	CA Disability		63.46	387.11
	<b>TOTAL</b>		1854.59	11420.32

NET PAY

THIS PERIOD (\$)  
**3914.64**

YTD (\$)  
**23772.02**

USMAAN A MELA  
3 BROADLEAF  
IRVINE CA 92612

NON-NEGOTIABLE

NON-NEGOTIABLE

PERSONAL AND CHECK INFORMATION  
Usmaan A Mela  
3 BROADLEAF  
IRVINE, CA 92612  
**Soc Sec #:** xxx-xx-xxxx **Employee ID:** 342

**Home Department:** 3 TECHNICAL

**Pay Period:** 11/02/22 to 11/15/22  
**Check Date:** 11/18/22 **Check #:** 308

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 772	0.00	4316.02
Chkg 394	4070.81	23526.81
<b>NET PAY</b>	<b>4070.81</b>	<b>27842.83</b>

TIME OFF (Based on Policy Year)

DESCRIPTION	AVAIL BAL
Sick	16.00 hrs
DESCRIPTION	AVAIL BAL
Vacation	21.54 hrs

EARNINGS	BASIS OF PAY	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
		Salary		6043.08	16.00	41235.42
		Holiday			M8.00	
		Sick			M16.00	
		<b>Total Hours</b>			40.00	
		<b>Gross Earnings</b>		6043.08		41235.42
		<b>Total Hrs Worked</b>				

WITHHOLDIN	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
GS	Social Security		374.67	2556.60
	Medicare		87.62	597.91
	Fed Income Tax	H	976.49	6683.42
	CA Income Tax	SMI2 0 1	467.02	3101.08
	CA Disability		66.47	453.58
	<b>TOTAL</b>		1972.27	13392.59

NET PAY

THIS PERIOD (\$)  
**4070.81**

YTD (\$)  
**27842.83**